## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004

| CLAIMS AS FILED - PART I   |                                  |  |                                  |  |  |         |                   | 1  | 10/521011 |                         |                        |  |
|--|----------------------------------|--|----------------------------------|--|--|---------|-------------------|--|-----------|-------------------------|------------------------|--|
|  |                                  | CLAIMS   | AS FILED - I                     |  |  |         | SMALL EI          | ALILA  | OF        | OTHER THAN SMALL ENTITY |                        |  |
| U.S. NATIONAL STAGE FEES   |                                  |  |                                  |  | (Column 2)                             | ٦       |                   |  | ٦ ¨       | \ SMALL                 | ENTITY                 |  |
| ВА   | SIC FEE                          |  | SMALL ENT. = \$ 150              |  | LARGE ENT. = \$ 300                    | -       | RATE              | FEE  | 4         | RATE                    | FEE                    |  |
| EXAMINATION FEE  |                                  |  | Satisties PCT Article 33(1)-     |  | All other situations =                 | 4       | BASIC FEE         |  | OF        | BASIC FEE               | 300                    |  |
| <u>ا</u> ر   | 4800 555                         |  | (4) = \$50/<br>U.S. is ISA = \$5 | 0/\$ 100   | \$ 100 / \$ 200                        | 4       | EXAM FEE          |  |           | EXAM FEE                | 200                    |  |
| 3E   | ARCH FEE                         |  | ALL other coun<br>\$ 200 / \$ 4  |  | All other situations = \$ 250 / \$ 500 |         | SEARCH FEE        |  |           | SEARCH FEE              | 400                    |  |
| FE   | FOR EXTRA                        | SPEC. PGS.   | minus 100 =                      |  | / 50 =                                 | 1       | X \$ 125 =        | <del>                                     </del> | 1         | · X \$ 250 =            | 1 100                  |  |
| TOTAL CHARGEABLE CLAIMS  |                                  |  | // minus 20 = .                  |  |  | 1       | X \$ 25 =         | <del>                                     </del> | OR        | <b>—</b>                | +                      |  |
| IND  | EPENDENT'C                       | LAIMS  | 2  minus  3 = .                  |  |  | 1       | X \$ 100 =        | <del> </del>                                     | OR        |                         | ┼                      |  |
| MU   | MULTIPLE DEPENDENT CLAIM PRESENT |  |                                  |  |  |         | +\$ 180 =         | <del> </del> -                                   | -         | X \$ 200 =              | <del> </del>           |  |
| If the difference in column 1 is less than zero, enter "0" in column 2 |                                  |  |                                  |  |  | j       | TOTAL             |  | OR        | + \$ 360 =              | 900                    |  |
| ,  | `                                |  |                                  |  |  |         | 7000              | <u> </u>   | OR        | TOTAL                   | 100                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)        |                                  |  |                                  |  |  |         | SMALL             | ENTITY   | OR        | OTHER<br>SMALL          |                        |  |
| AMENDMENT A  |                                  | REMAINING<br>AFTER<br>AMENDMENT  |                                  | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FO                | R PRESENT                              |         | RATE              | ADDI-<br>TIONAL<br>7 FEE                         |           | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                            | - [/   | Minus &                          | 0  | = /                                    |         | X \$ 25 =         |  | OR/       | X \$ 50 =               |                        |  |
|  | independent                      | . 7  |                                  | 3  | =                                      |         | X \$ 100 =        |  | ók        | X \$ 200 =              |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |                                  |  |                                  |  |  |         | +\$ 180 =         |  | OR        | + \$ 360 =              |                        |  |
|  |                                  | f  |                                  |  |  |         | TOTAL ADDIT.      |  | OR        | TOTAL ADDIT.            |                        |  |
|  |                                  | (Column 1)   |                                  | (0-)   |  |         |                   |  |           |                         |                        |  |
| <u> </u>   |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDIMENT   |                                  | (Column :<br>HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR | PRESENT<br>LY EXTRA                    |         | RATE              | ADDI-<br>TIONAL<br>FEE                           |           | RATE                    | ADDI-<br>TIONAL        |  |
|  | Total                            | •  | Minus                            |  | =                                      | t       | X \$ 25 =         |  | OR        | X \$ 50 =               | FEE                    |  |
|  | ndependent                       |  | Minus ••                         | •  |  | ł       | X \$ 100 =        |  | -         |                         |                        |  |
|  | FIRST PRESE                      | ENTATION OF ME   | LTIPLE DEPEND                    | ENT CLA  | IM                                     | F       |                   |  | OR        | X \$ 200 =              |                        |  |
|  |                                  |  |                                  |  |  | Ļ       | + \$ 180 =        |  | OR        | + \$ 360 =              |                        |  |
| H  | the "Highest Num                 | nn 1 is less than the e<br>nber Previously Paid I<br>nber Previously Paid F<br>ber Previously Paid F | FOR IN THIS SPACE                | is less than   |  |         | FEE L             |  | OR .      | FEE                     |                        |  |
| _  | 0.036                            | /  | · vi meepen                      | ∽ani iz ius  | cognest number found is                | n the : | appropriate box i | n column 1.                                      |           |                         |                        |  |